

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLN(S) **69/806243**

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
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9	✓					
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TOTAL IND.	2					
TOTAL DEP.	32	↔		↔		↔
TOTAL CLAIMS	34	██████████	██████████	██████████	██████████	██████████

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS	██████████	██████████	██████████	██████████	██████████	██████████

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS